11. Physical Therapy and Related Services

When provided by a home health agency, visiting nurse association, or independent therapist, these services are limited to forty (40) units per recipient per state fiscal year. The forty (40) units may be used for one type of therapy or in any combination of therapies in an outpatient setting. Prior authorization from the Office of Medical Services is required when therapy services are prescribed over the service limit.

Services provided by a rehabilitation center are limited to twelve (12) visits per recipient per fiscal year for all types of services except therapies which are subject to the above limits.

12a. Prescribed Drugs

A co-payment of fifty cents ($0.50) to the pharmacy by the recipient is required for each covered prescription and refill of a generic, branded generic, or single-source pharmaceutical product dispensed.

A co-payment of one dollar ($1.00) to the pharmacy by the recipient is required for each covered prescription and refill of a compounded product or a brand name preparation of a multi-source pharmaceutical product dispensed.

Co-payments are not required for the following:

1. family planning products
2. emergency services
3. individuals under age 18
4. services to pregnant women for such services that relate to pregnancy or to any other condition which may complicate the pregnancy
5. categorically or medically needy individuals who are institutionalized and required to spend all their income for medical expenses except for a personal needs allowance
6. services furnished to HMO enrollees by a health maintenance organization as defined in Section 1903(m) in which they are enrolled. Since prescription drugs are not dispensed by the one existing HMO provider, the co-payment exemption for HMO enrollees for prescription drugs is not applicable at this time. If HMO services are expanded to include prescription drugs, the co-payment exemption will apply.

Maintenance medication, which is defined as legend or non-legend medication to be used continuously for 34 days or more, is limited to a 34-day supply or 100 dosage units, whichever is greater.

State/Territory: New Hampshire

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All

c. Prosthetic devices.

/X/ Provided: / / No limitations /X/ With limitations*

d. Eyeglasses.

/X/ Provided: / / No limitations /X/ With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

/X/ Provided: / / No limitations /X/ With limitations*

b. Screening services.

/X/ Provided: / / No limitations /X/ With limitations*

c. Preventive services.

/X/ Provided: / / No limitations /X/ With limitations*

d. Rehabilitative services.

/X/ Provided: / / No limitations /X/ With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

/X/ Provided: / / No limitations /X/ With limitations*

b. Skilled nursing facility services.

NOT PROVIDED

/ / Provided: / / No limitations / / With limitations*

*Description provided on attachment.

12c. Prosthetic Devices

Prior authorization is required for the purchase of hearing aids and ear molds. A written request, supported by a physician's statement of medical necessity, must be submitted to the Medicaid Administration Bureau for hearing aids and ear molds.

12d. Eyeglasses

Payment for eyeglasses is limited to the following:

- one (1) pair of single vision glasses with lenses, provided that the refractive error is at least plus or minus .50 diopter according to the type of refractive error, in each eye.

- one (1) repair of glasses every 12 months, including replacement of the broken component(s) only.

- replacement of lenses or lenses and frames only when refractive error changes .50 diopter or more in both eyes.

- contact lenses, trifocal lenses, and occular prostheses under certain conditions and with prior authorization.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES PROVIDED

13 a. b. c. d. Other Diagnostic, Screening, Preventive and Rehabilitative Services

These services are generally covered under other types of services described elsewhere in this plan.

Additional Diagnostic, Screening, Preventive and Rehabilitative Services reimbursed by Medicaid include:

- those provided for eligible adults and children within screening programs such as Head Start, the Public School systems, and medical and dental screening programs conducted as part of approved and organized day care programs.

- those provided under written agreement for eligible children by the various clinics conducted by the Title V agencies in the Division of Public Health.

Mental Health Services (Division of Behavioral Health) are covered as follows:

The limit for all community mental health services shall be $1,800 (Medicaid reimbursement) per recipient per state fiscal year. Medicaid recipients shall qualify to exceed the $1,800 limit if the community mental health program certifies that the recipient meets the criteria for one of the Division of Behavioral Health (DBH) eligibility categories.

Individual community mental health service limits shall also apply.

Any such services provided by an out-of-state provider require prior authorization for reimbursement.

Other Preventive and Rehabilitative Services covered include:

- those provided in a facility specifically designated for intensive inpatient rehabilitation services such as the Crotched Mountain Rehabilitation Center or one of such facilities in Massachusetts. Prior Authorization is required.

- adult medical day care services provided in a licensed facility. Payment for adult medical day care services is made only when the recipient is determined to be medically frail and/or elderly by a physician and is not residing in an institution. Recipients must attend adult medical day care for a minimum of two days per week, five hours per day. Prior authorization is required for this service.

- early intervention services include client centered family training and counseling, developmental training, speech therapy, occupational therapy, and physical therapy. Specifically excluded from coverage are direct child day care, case management, and child transportation; the latter two being Medicaid covered services already.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Preventive services provided by a registered nurse (RN) to a newborn and his/her mother at their home to include a physical assessment, preventive health education, and assistance with connecting with a primary health care provider and the State EPSDT program.

Medicaid services provided in a licensed supported residential health care facility (private non-medical institution) must have prior authorization by the Office of Medical Services.

A private non-medical institution for children is a residential child care facility. Covered services must be prior authorized by the Division for Children, Youth and Families.

Therapeutic foster care must be prior authorized by the Division for Children, Youth and Families. Covered services are client centered family mental health counseling, individual counseling, crisis intervention and stabilization and medical care coordination.

Intensive Day Therapy is covered when prior authorized by the Division of Human Services. Intensive Day Therapy is a package of services which can include case management, occupational therapy, physical therapy, speech therapy and nursing services. Prior authorization is for a two (2) month period with a limit of six (6) months total. Recipient must generally receive a minimum of four (4) hours of service for five (5) days of each week.

Intensive Day Programming is covered when prior authorized by the Division for Children, Youth and Families. Based on a clinical assessment, each child receives an individually designed program of individual, group, and/or family system therapy and counseling.

Crisis Intervention is covered when pre-approved by the Division for Children, Youth and Families. Covered services include therapeutic and intensive counseling, and are generally limited to a six week period. This service is available 24 hours per day, seven days per week.

Child Health Support Services are covered when pre-approved by the Division for Children, Youth and Families. Covered services for foster children are provided by RN's and include a brief health screening at the time of the child's placement, referrals for comprehensive health and development assessments, health planning conferences, and follow-up care. Covered services for children in their own homes are provided under the supervision of an RN or licensed practical nurse (LPN), and include initial health assessment/education, support counseling, and behavioral health management. Services to children in their own homes are usually limited to three (3) months.

Home Based Therapy Services are covered when pre-approved by the Division for Children, Youth and Families. Covered services include psychotherapy and mental health counseling and therapy.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Preventive services provided by a registered nurse (RN) to a newborn and his/her mother at their home to include a physical assessment, preventive health education, and assistance with connecting with a primary health care provider and the State EPSDT program.

Medicaid services provided in a licensed supported residential health care facility (private non-medical institution) must have prior authorization by the Office of Medical Services.

A private non-medical institution for children is a residential child care facility. Covered services must be prior authorized by the Division for Children, Youth and Families.

Therapeutic foster care must be prior authorized by the Division for Children, Youth and Families. Covered services are client centered family mental health counseling, individual counseling, crisis intervention and stabilization and medical care coordination. Services are not subject to the 12 visit per recipient per state fiscal year limit for psychotherapy services.

Intensive Day Therapy is covered when prior authorized by the Division of Human Services. Intensive Day Therapy is a package of services which can include case management, occupational therapy, physical therapy, speech therapy and nursing services. Prior authorization is for a two (2) month period with a limit of six (6) months total. Recipient must generally receive a minimum of four (4) hours of service for five (5) days of each week.

Intensive Day Programming is covered when prior authorized by the Division for Children, Youth and Families. Based on a clinical assessment, each child receives an individually designed program of individual, group, and/or family system therapy and counseling. Services are not subject to the 12 visit per recipient per state fiscal year limit for psychotherapy services.

Crisis Intervention is covered when pre-approved by the Division for Children, Youth and Families. Covered services include therapeutic and intensive counseling, and are generally limited to a six week period. This service is available 24 hours per day, seven days per week. Services are not subject to the 12 visit per recipient per state fiscal year limit for psychotherapy services.

Child Health Support Services are covered when pre-approved by the Division for Children, Youth and Families. Covered services for foster children are provided by RN's and include a brief health screening at the time of the child's placement, referrals for comprehensive health and development assessments, health planning conferences, and follow-up care. Covered services for children in their own homes include an initial health assessment/health education, support counseling, and behavioral health management. Supervision of the services for children in their own homes is provided by a RN or licensed practical nurse (LPN). Supervision of the services for children in their own homes may be provided by a Master's level social worker, mental health worker or counselor when the services are support counseling and/or behavioral health management. Services provided to children in their own homes are usually limited to three (3) months.

Home Based Therapy Services are covered when pre-approved by the Division for Children, Youth and Families. Covered services include psychotherapy and mental health counseling and therapy. Services are not subject to the 12 visit per recipient per state fiscal year limit for psychotherapy services.

AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

Psychotherapy services provided by a clinical social worker, mental health counselor, marriage and family therapist, or other practitioner, who is certified by the NH Board of Examiners of Psychology and Mental Health Practice, and who is not on the staff of a community mental health center, are covered up to twelve (12) psychotherapy visits per recipient per state fiscal year-such visits to be counted toward the twelve (12) visit psychotherapy cap for all non-physician practitioners. The above providers must follow a treatment plan prescribed by a licensed practitioner who is licensed to provide psychotherapy services.

14a. Prior authorization is required before any payment is made for such services rendered out-of-state. No payment will be made for out-of-state care in an IMD if it is determined that the same care could have been provided in-state.

State/Territory: New Hampshire

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

c. Intermediate care facility services.

/X/ Provided: /__/ No limitations /X/ With limitations*

15.a Intermediate care facility services (other than such services in an intsitution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

/X/ Provided: /__/ No limitations /X/ With limitations*

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

/X/ Provided: /__/ No limitations /X/ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

/X/ Provided: /__/ No limitations /X/ With limitations*

17. Nurse-midwife services.

/X/ Provided: /__/ No limitations /X/ With limitations*

18. Hospice care (in accordance with section 1905 (o) of the Act).

/__/ Provided: /__/ No limitations /__/ With limitations*

/X/ Not provided

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES PROVIDED

14c. Payment for intermediate care services in institutions for mental disease is available to categorically and medically needy recipients in need of such care. Payment for intermediate care services in institutions for mental disease must be prior authorized for a specified period of time based on the amount and length of care recommended by the recipient's physician. Determination of need for, and authorization of payment for, intermediate care services in institutions for mental disease is made by the Office of Long Term Care.

15a. and 15b Intermediate Care Facilities

Payment for nursing facility care is available to both categorically and medically needy recipients in need of such care. Payment for nursing facility care must be prior authorized for a specified period of time based on the amount and length of care recommended by the recipient's physician. Payment is made for a non-private room. Determination of need for nursing facility care and authorization of payment for nursing facility care is made by the Office of Long Term Care.

Medicaid-only certified beds in which nursing facility services are provided shall be at or about 5,146 beds statewide. However, the Department of Health and Human Services does not intend to attain this number of beds unless there is a need for the beds to ensure access to services. Furthermore, the Commissioner or his/her designee shall approve certification of additional Medicaid-only nursing facility beds if needed to ensure access to nursing facility services. *

Nursing facility beds certified for both Medicare and Medicaid will be approved in accordance with He-Hea 904.

16. Inpatient Psychiatric Facility Services

Inpatient psychiatric facility services for individuals under 22 years of age are available to both categorically and medically needy recipients in need of such services. Providers must be designated by the director of the Division of Behavioral Health Services as a Designated Receiving Facility. A Designated Receiving Facility is any community mental health program or treatment facility which serves both voluntary and involuntary emergency hospitalization patients. Designated Receiving Facility services are:

1. In a physically separate area used exclusively for psychiatric patients;
2. Provided by staff with specialized training in mental illness and its treatment;
3. Provided by a facility with a discrete unit budget;
4. Provided by a facility accredited by JCAH under the psychiatric standards; and
5. Generally recognized as a discrete operating unit.

* The legislature has mandated that funding be made available for appropriate and effective alternatives to nursing facility services. This can be accomplished by providing funding only for the number of nursing facility beds that are necessary to achieve the purpose of providing nursing facility services. The number of beds available to Medicaid eligibles is currently significantly greater than the number of beds occupied.

17. Nurse Midwife Services

Nurse midwife services are provided to both the categorically and the medically needy under the categories of nurse midwife services, ARNP services, physician services, rural health clinic services and clinic services. They are subject to the limitations of the individual service categories described elsewhere in this plan. These services are performed by ARNPs (see Other Practitioner's Services).